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PTO/SB06 (08-03)
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U.S. Patient and Trademant Officin; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875												やりつ
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY	OR	OTHER THAN R SMALL ENTITY	
Γ	FOR		NAMBER FILED			ER EXTRA	1	RATE	FEE	1		
	SAC FEE CFR 1.16(al)							- AAIE	 		RATE	FEE
10	TAL CLAIMS CFR 1.16(c))	A'2	92 minus 20 .			. 12			-	OR	18.	2001
00	EPENDENT CLA	as .	7.7					x s=		OR	x 5.4.0 -	0.27
┢	CFR 1.16(b))	7						x 8		OR	×1780=	178
MALTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.16(q))								+5=		OR	+ 5	
* If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL	<u> </u>	OR	TOTAL	1,002
CLAIMS AS AMENDED - PART II												,
	,	(Column 1)			(Cotumn 2) (Cotumn			SMALL ENTITY		OR		R THAN ENTITY
¥		REMAINING		NUMBE	R	PRESENT EXTRA		RATE	ADDI-		RATE	ADOL
EN		AMENDMENT		PREVIOU PAID FO	¥R	EXIMA			TIONAL FEE			TRONAL FEE
ENDMENT	Total grown times	14	Minus	3	<u>X</u>	• .		x s=		OR	x s =	
AMEN	brdependent (pr GRI 1.16)4	8	Minus	" य		• 4		x 5=		OR	× \$86.	344
٧	FIRST PRESEN	FATION OF MALTIE	LE DEPEN	DEL CTVIN	37 C	FR 1.1660)		+5		OR	+ss	
V/m/							TOTAL ADO'L FEE		OR '	TOTAL ADD'L FEE	344	
6/19/5 (Column 1) (Column 2) (Column 3)								•			'	
8	, , ,	CLAIMS REMAINING		HIGHES	Ŕ	PRESENT	ſ	RATE	ADD4		RATE	ADDI
F		AFTER AMENDMENT	<u> </u>	PREVIOUS PAID FO		EXTRA	-	_	TIONAL FEE		131.3	TIONAL FEE
AMENDMEN.	Total grom i.mpa	15	Minus	- 7	4	•	ı	x 5 •		OR	xs	
Ä	Indopendent (37 CFR 1.16pg)	1. 8	Minus	- 7	\$	• .	ı	×		OR	xs •	
₹	FIRST PRESENTATION OF MATURE DEPENDENT CLAIM OF CFR 1.16(d)						. [,, .		OR	+:	
1 1								TOTAL ADDIL FEE		OR	YOTAL ADOL FEE	-/
	130 06	(Column 1)		(Column	20.	(Column 3)		ے ساتھ	J	O N	AULTEE	$\overline{}$
ပ	-	CLAIMS		HIGHES	T		ſ			1		
	•	REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	AY.	PRESENT EXTRA	l	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 OFR 1.101c)	. 8	Minus	- ac)	•	Ī	× 8		OR	x 8	
	Independent (37 GFR 1.16pg)	· a	Minus	 8		• Ø	ſ	x s=		OR	x s	
₹	FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (2F CFR 1/14(61)						Ī	+8		OR	٠,	
								TOTAL ADD'L FEE		CR L	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. * If the "Fighest Number Previously Poid For" IN THIS SPACE is less than 20, enter "20".												
•••	If the "Highest !	tumber Previous	Paid For	IN THIS SPA	Œ	s less than 3, on	ler .	5.	•			

The "Highest Number Previously Peid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the Individual case. Any comments on the amount of time you require to complete his form endfor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

d you need assistance in completing the form, call 1-800-PTO-9199 and select option 2